

1/5

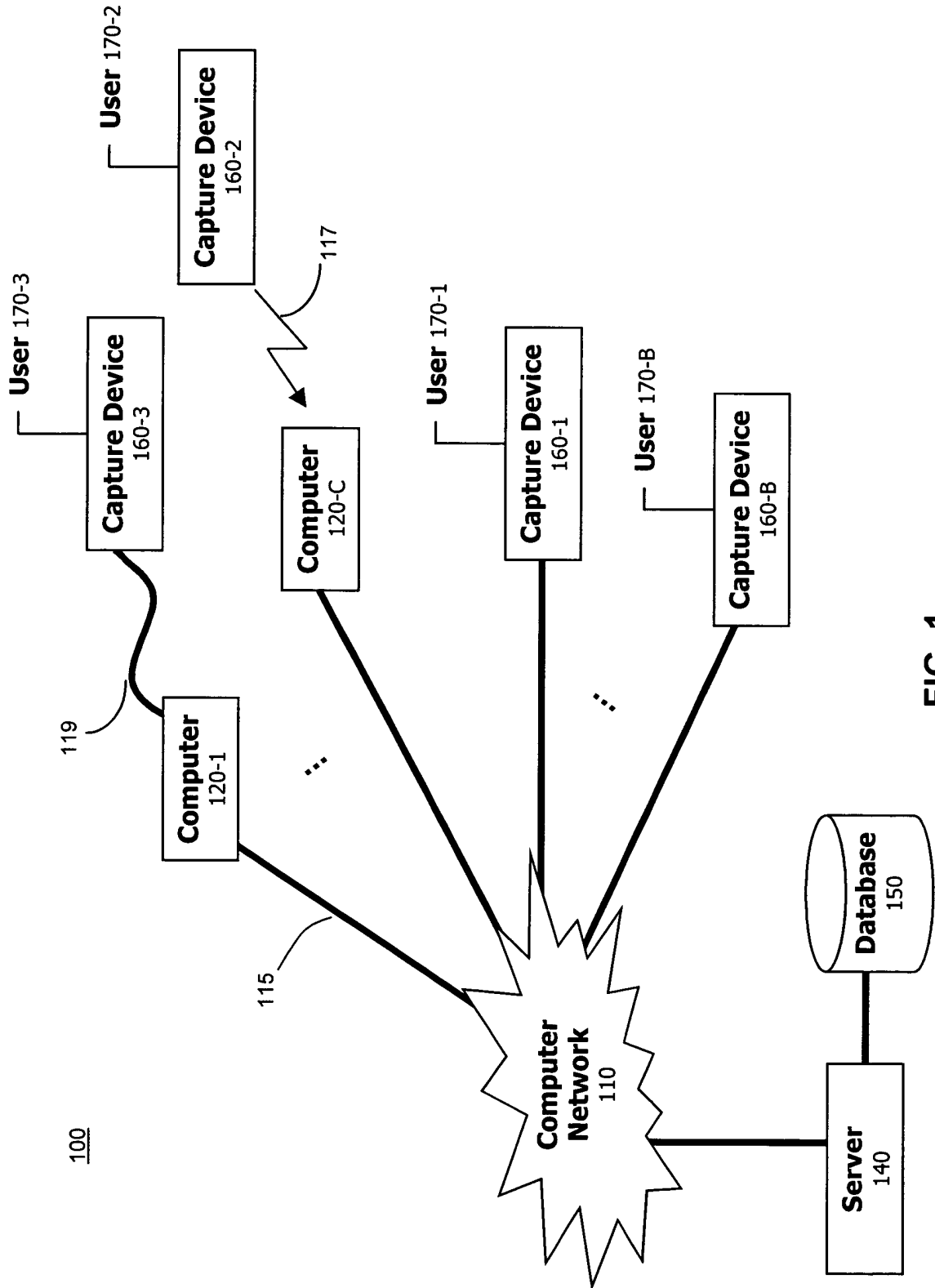


FIG. 1

200

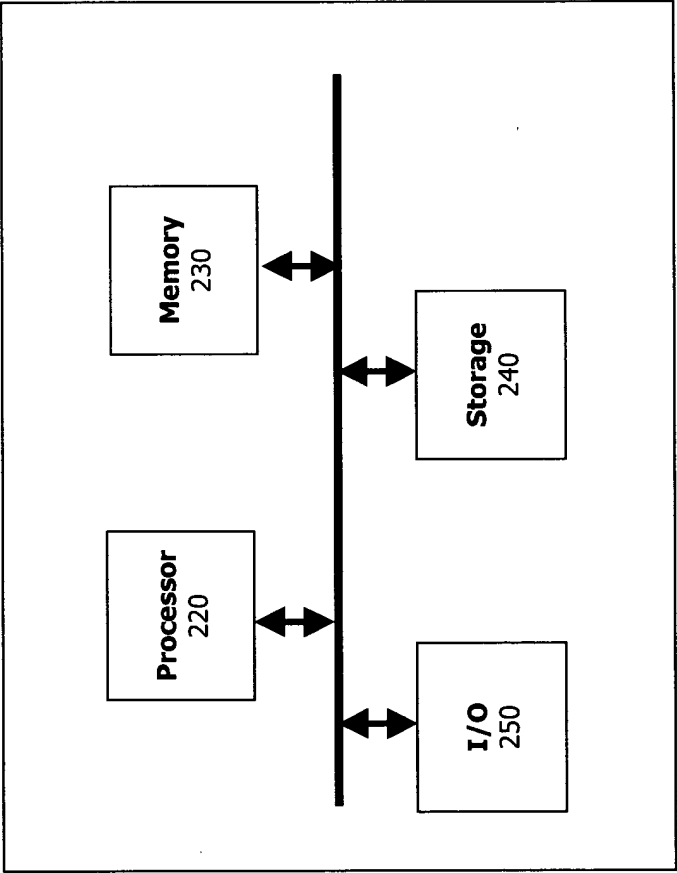


FIG. 2

3/5

300

Sample Questionnaire

Q1. Are you male or female?

☐ male ☐ female

Q2. How old are you?

☐ 0-19 ☐ 20-45 ☐ 46+

Q3. How often do you drink carbonated beverages?

☐ sometimes ☐ always ☐ never

Q4. What is your favorite color?

☐ red ☐ blue ☐ green
☐ yellow ☐ other

370

☐ FORM 3B

FIG. 3

4/5

400

410

(a1,b1)
(a2,b2)
(a3,b3)
(a4,b4)
(a5,b5)
(a6,b6)
(a7,b7)
(a8,b8)
(c1,d1)
(c2,d2)
(c3,d3)
(c4,d4)
(c5,d5)
(c6,d6)
(c7,d7)
(c8,d8)
(c9,d9)
(c10,d10)

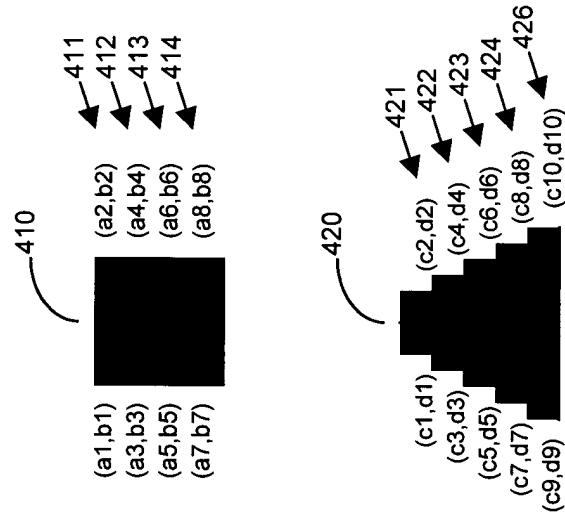


FIG. 4

5/5

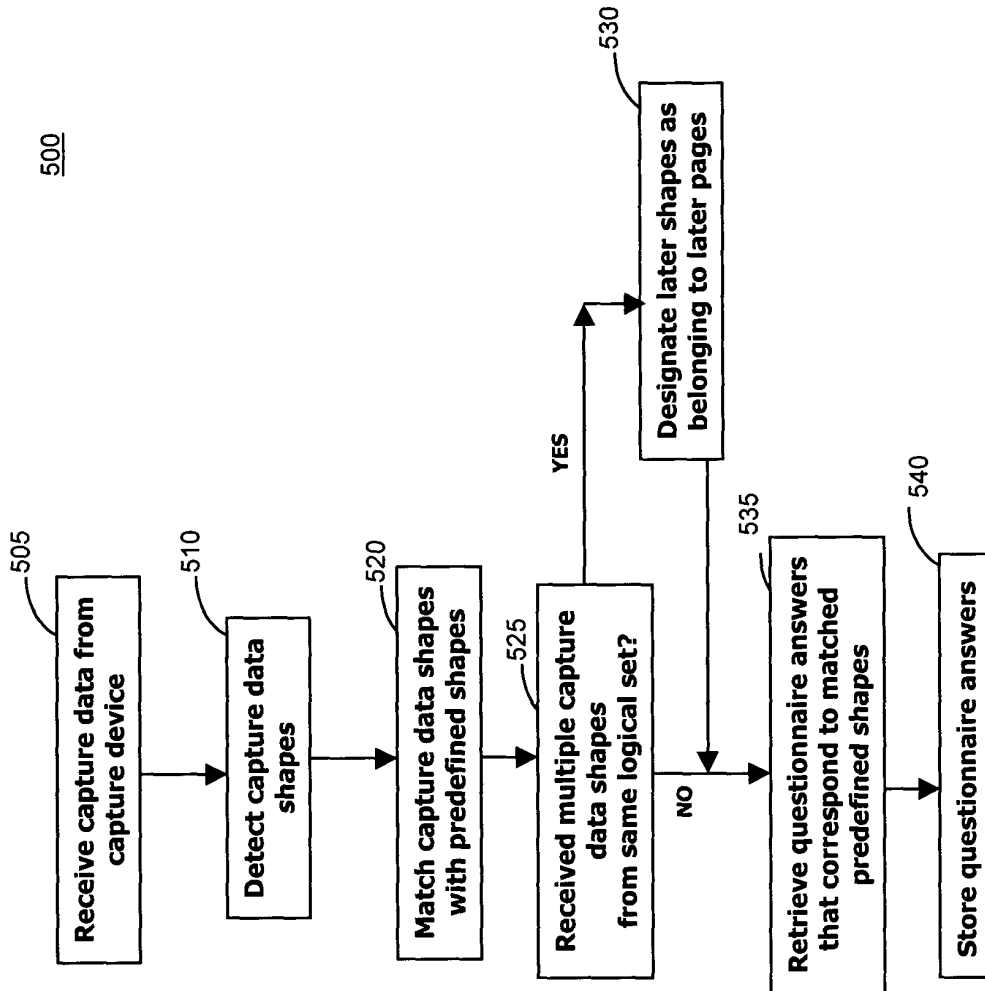


FIG. 5